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S. ROBERTS JUN 2 8 2022

COVER LETTER

	tration Section on of Corporations					
SUBJECT	N & J REALTY CORPO	RATION				
Sebore 1.	Nar	ne of corporation	- must i	nclude suffix		
Dear Sir or M	adam:					
"Certificate of	"Application by Foreign f Existence," or "Certific ced foreign corporation	ate of Good Stan	ding" an	d check are subi		
Please return :	all correspondence conc	erning this matter	to the fo	llowing:		
Daniel Harrop						
		Name of	Person			
PPA, LLP						
		Firm/Con	pany	· · · · · · · · ·		
469 Centerville	e Road, Suite 203					
		Addre	ess		<u> </u>	
Warwick, RI 0	2886					
		City/State a	nd Zip co	ode		
dan@ppallp.co						
	E-mail add	ress: (to be used t	for future	annual report n	otification)	
For further in	formation concerning th	is matter, please o	all:			
Daniel Harrop		at (738-0	738-0010		
Name	e of Person	Area Cod	e	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	_	A DEPARTMENT	3 \$78.75	TE Filing Fee & ed Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of co	CORPORATION orporation; must include "INCORPORATED," orp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	 	
N & J REALTY				
(If name unavaila	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	business in Florida)	
RHODE ISLAN	ID 3. 0	05-0436100		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
MAY 26, 1987	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
JANUARY 1, 2	021			
1030 DANIELSO	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 ON PIKE, SCITUATE, RI 02857	2, F.S., to determine penalty liability)	
.	(Principal office	e <u>street</u> address)		
	(Current mailing	address, if different)	2822 TAL	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	JUN 28	
Name:	BERNARD A POIRIER		<.	
Office Address:	14501 CARINO TER	_ _	PH 3:	
	BONITA SPRINGS	, Florida	٠ 35	
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

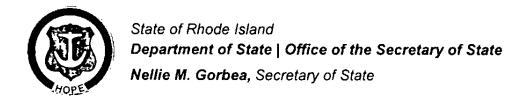
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS JOHN DERAIMO NICHOLAS DERAIMO □Chairman Name: □ Chairman 17 BURGESS ROAD 40A MT HYGEIA ROAD Address: ☐ Vice Chairman Address: ☐Vice Chairman FOSTER RI 02825 FOSTER RI 02825 Director Director President □ President □Vice President _____ ■ Vice President ■ Treasurer **■**Secretary ☐'Treasurer ☐ Secretary □Other _____ Other _____ □Other _____ Other ____ □ Chairman Chairman Name: _____ Name: ______ □Vice Chairman Address: ☐ Vice Chairman Address: __ __ __ □Director □ Director □President President □ Vice President ☐ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □Other _____ Other____ □Other _____ □Other _____ ☐ Chairman Name: ☐ Chairman Name: _____ □ Vice Chairman Address: ______ ☐ Vice Chairman Address: □ Director Director □President □President ☐ Vice President □Vice President ☐ Secretary □ Treasurer □ Secretary □ Treasurer □Other ____ □Other _____ Other _____ Important Nonce: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

s.817.155, F.S.

NICHOLAS DERAIMO



CERTIFICATE OF GOOD STANDING

I. Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

N & J REALTY CORPORATION

is a Rhode Island Business Corporation organized on May 26, 1987. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

Tullin U. Soler

June 17, 2022

Secretary of State

1636

Certificate Number: 22060072580

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli